

Amended MDR Tracking Number M5-04-1851-01 (**Previously M5-03-1961-01**)

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 04-07-03.

This Amended Findings and Decision supersedes all pervious decisions rendered in this medical dispute involving the above requestor and respondent.

The Medical Review Division Decision of 01-26-04 was withdrawn by the Medical Review Division applicable to a Notice of Withdrawal of 02-24-04. A copy of the Notice of Withdrawal is reflected in the Commission Case file. An Order was issued in favor of the respondent.

The requestor/respondent Appealed the Order to the Chief Clerk of Proceedings based upon disputed issues documentation requirements resulting in this issuance of the Notice to Withdraw.

The IRO reviewed work hardening rendered from 05-13-02, 05-14-02 and 05-15-02 through 05-31-02 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity for work hardening. Consequently, the requestor is not owed a refund of the paid IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On July 15, 2003 the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
05-06-02	97545 (2 hours)	\$130.00	\$0.00	N	\$51.20 per unit	MFG MGR (II)(E)	Soap notes do not meet documentation of procedures criteria therefore reimbursement is not recommended.

[illegible]

05-23-02	97546 (6 unit)	\$390.00	\$0.00	N	\$51.20 per unit	MFG MGR (II)(E)	Soap notes do not meet documentation of procedures criteria therefore reimbursement is not recommended.
05-24-02	97545 (2 hours)	\$130.00	\$0.00	N	\$51.20 per unit	MFG MGR (II)(E)	Soap notes do not meet documentation of procedures criteria therefore reimbursement is not recommended.
05-24-02	97546 (6 unit)	\$390.00	\$0.00	N	\$51.20 per unit	MFG MGR (II)(E)	Soap notes do not meet documentation of procedures criteria therefore reimbursement is not recommended.
05-28-02	97545 (2 hours)	\$130.00	\$0.00	N	\$51.20 per unit	MFG MGR (II)(E)	Soap notes do not meet documentation of procedures criteria therefore reimbursement is not recommended.
05-28-02	97546 (6 unit)	\$390.00	\$0.00	N	\$51.20 per unit	MFG MGR (II)(E)	Soap notes do not meet documentation of procedures criteria therefore reimbursement is not recommended.
05-29-02	97545 (2 hours)	\$130.00	\$0.00	N	\$51.20 per unit	MFG MGR (II)(E)	Soap notes do not meet documentation of procedures criteria therefore reimbursement is not recommended.
05-29-02	97546 (6 unit)	\$390.00	\$0.00	N	\$51.20 per unit	MFG MGR (II)(E)	Soap notes do not meet documentation of procedures criteria therefore reimbursement is not recommended.
05-30-02	97545 (2 hours)	\$130.00	\$0.00	N	\$51.20 per unit	MFG MGR (II)(E)	Soap notes do not meet documentation of procedures criteria therefore reimbursement is not recommended.
05-30-02	97546 (6 unit)	\$390.00	\$0.00	N	\$51.20 per unit	MFG MGR (II)(E)	Soap notes do not meet documentation of procedures criteria therefore reimbursement is not recommended.
05-31-02	97545 (2 hours)	\$130.00	\$0.00	N	\$51.20 per unit	MFG MGR (II)(E)	Soap notes do not meet documentation of procedures criteria therefore reimbursement is not recommended.
05-31-02	97546 (6 units)	\$390.00	\$0.00	N	\$51.20 per unit	MFG MGR (II)(E)	Soap notes do not meet documentation of procedures criteria therefore reimbursement is not recommended.
TOTAL		\$7540.00					The requestor is not entitled to reimbursement

This Decision is hereby issued this 25th day of May 2004.

Georgina Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO Decision

July 3, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

MDR Tracking #: M5-03-1961-01

New MDR Tracking #: M5-04-1851-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the ___ external review panel. The ___ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, the ___ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 37 year-old male who sustained a work related injury on ___. The patient reported that while at work he was using a half-inch compact wrench when he began to experience a cracking and burning in his back. The patient underwent X-Rays for the cervical spine and lumbar spine and an MRI on 11/28/01. The diagnoses for this patient included C4-C5 and C5-C6 disc protrusions and herniations and a 4mm disc protrusion at the L4-L5 level and mild bulging at the L5-S1 level. The patient underwent an orthopedic and psychological consultation. The patient was treated with active and passive therapy, epidural steroid injections, work hardening and oral medications.

Requested Services

Work hardening program 5/13/02, 5/14/02, and 5/15/02.

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is upheld.

Rationale/Basis for Decision

The ____ chiropractor reviewer noted that this case concerns a 37 year-old male who sustained a work related injury to his back on _____. The ____ chiropractor reviewer also noted that the diagnoses for this patient included C4-C5 and C5-C6 disc protrusions and herniations and a 4mm disc protrusion at the L4-L5 level and mild bulging at the L5-S1 level. The ____ chiropractor reviewer further noted that treatment for this patient's condition included active and passive therapy, epidural steroid injections, work hardening and oral medications. The ____ chiropractor reviewer explained that this patient underwent a lengthy treatment program with only minimal success and/or increase in function with the work hardening program. Therefore, the ____ chiropractor consultant concluded that the work hardening program on 5/13/02, 5/14/02 and 5/15/02 were not medically necessary to treat this patient's condition.

Sincerely,
